MAXIMUS Federal Services

Case Number:	CM13-0020566		
Date Assigned:	10/11/2013	Date of Injury:	11/30/2011
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old male who sustained an injury on 11/30/2011 when he was involved in an altercation between an inmate and prison staff. The patient subsequently struck his head on the cement floor and sustained multiple musculoskeletal injuries. The accepted injuries were noted as soft tissue head trauma, chest/ribs, buttocks, right elbow, and the soft tissue of his neck. His current diagnoses are cervical spine radiculopathy, right elbow pain, right wrist sprain/strain, left hip sprain/strain, right hand sprain/strain, and lumbar spine sciatic syndrome. There are no documentations providing a comprehensive clinical evaluation of the patient. The majority of the documentation consists of utilization review sheets. According to the documentation, the patient has been treated with oral medications to include Fioricet, Soma, but the patient continues with positive paraspinal tenderness to percussion, positive foraminal compression test, negative foraminal distraction test, and continues with reduced range of motion to the right shoulder, right wrist and the left hip. The physician is now requesting a decision for Fioricet 1 to 2 tabs a total of 60 with 1 refill and Soma 350 mg 1 tablet twice a day times 2 months only with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fioricet 1-2 tabs #60 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate - Containing Analgesics Agents Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, this medication is not recommended for chronic pain as the drug dependence is high with no evidence existing to show a clinical importance enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. It further states that there is risk of medication overuse as well as rebound headache. Although documentation provided for review states the patient has been utilizing this medication, due to California MTUS not recommending this barbiturate, the request for an additional 60 tablets is not considered medically appropriate. As such, the requested service is non-certified.

Soma 350mg 1 tab BID x two (2) month only (no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: According to California MTUS Guidelines, carisoprodol is not a medication recommended for long term use. Carisoprodol is a commonly prescribed; centrally acting skeletal muscle relaxants whose primary active metabolite is meprobamate. The documentation states the patient has been utilizing Soma for a few months now; however, there is no comprehensive evaluation providing any objective measurements notating the efficacy of this medication. Therefore, with both the lack of information regarding the use of this medication, as well as the non-recommendation by California MTUS for the use of Soma, the requested service is not considered medically necessary. As such, the requested service is non-certified.